

GEORGE R. ARIYOSHI  
GOVERNOR



STATE OF HAWAII  
DEPARTMENT OF ACCOUNTING  
AND GENERAL SERVICES

P. O. BOX 119  
HONOLULU, HAWAII 96810-0119

HIDEO MURAKAMI  
COMPTROLLER

MIKE N. TOKUNAGA  
DEPUTY COMPTROLLER

NOV 18 1986

MEMORANDUM 1986-35

TO: Heads of Departments and Agencies  
ATTENTION: Payroll and Personnel Sections  
FROM: Hideo Murakami, Comptroller  
SUBJECT: Notification for Payroll Adjustment, SAForm D-70,  
for Employees Subject to Medicare Tax

This is to inform departments and agencies of interim instructions for processing payroll adjustments for employees subject to Medicare Tax, via the Notification for Payroll Adjustment, SAForm D-70. Implementation of these instructions will be effective with the pay period beginning November 17, 1986.

Attached for your information is a sample copy of the form with the specific changes described below:

- ① Type or print MEDICARE EMPLOYEE, in red ink, below title of form.
- ② Type or print 74 in blank column heading. Type or print MEDICARE, in red ink, in blank box.
- ③ Change FICA Tax to Medicare Tax.
- ④ Change FICA Tax Gross to Medicare Tax Gross.

The current SAForm D-70 will be used during the interim until a new form is produced for January 1, 1987.

Hds. of Depts. and Agencies  
Memo 1986-35

Should there be any questions concerning this memorandum, your staff may contact our Central Payroll staff.

  
HIDEO MURAKAMI  
Comptroller

Attachment

# STATE OF HAWAII

## NOTIFICATION FOR PAYROLL ADJUSTMENT

① MEDICARE EMPLOYEE

ENTER:

- 1 OVERPAYMENT ADJUSTMENT
- 2 REQUEST FOR PRIORITY PAYMENT
- 3 ADJUSTMENT TO DEDUCTIONS
- 4 ADJUSTMENT TO YEAR-TO-DATE DEDUCTIONS

NAME OF EMPLOYEE (LAST, FIRST, M.I.)										1-4	5-14	15-20	21
										FORM	SOCIAL SECURITY NO.	POSITION NO.	

  

22	23-25	26-28	29-34	35-40	41-47	48-54	55-61	62-67	74	
1	PAYROLL NO.	DIST.	DATE EARNED	DATE PAID	TOTAL GROSS	TOTAL DEDUCT.	NET	WARRANT NO.	MEDICARE	

  

22	23-28	29-34	35-40	41-47	48-53	54-59	60-64	65-69	70-75
2	REG. RETIREMENT	POST RETIREMENT	TAX MED. ③	TAX GROSS MED. ④	FEDERAL TAX	STATE TAX	W-LK AUTO	WAGES-IN-KIND	COLA

  

22	23-24	25-27	28-30	31-35	36-41	42-43	44-46	47-49	50-54	55-60	61-62	63-65	66-68	69-73	74-79
PAYROLL DEDUCTION #1					PAYROLL DEDUCTION #2					PAYROLL DEDUCTION #3					
	TYPE	AGENT	PLAN	ASSIGNMENT NO.	AMOUNT	TYPE	AGENT	PLAN	ASSIGNMENT NO.	AMOUNT	TYPE	AGENT	PLAN	ASSIGNMENT NO.	AMOUNT
3															
3															
3															
3															

  

22	23	24-26	27	28-30	31-34	35-38	39-41	42-46	46	47-53	54	ADJUSTMENT		FOR DAYS USE ONLY	
UNIFORM ACCOUNTING CODE											GROSS AMOUNT	TYPE PAY	PAYROLL GROSS PAY	TDR:	
F	YR	APP	D	S/D	OBJECT	FUNCTION	LOC	PROJECT	ENC.						
4															
4															
4															
4															
4															
4															
TOTAL GROSS													AMOUNT PAID \$	AMOUNT	
													CORRECT AMOUNT	DATE	
													AMOUNT OVERPAID	NO.	
													LESS DEDUCTIONS RECOVERED THRU PAYROLL ADJUSTMENT	AUDITED BY	
														EFFECTIVE DATE	

ATTACH WARRANT TO BE CANCELLED OR ATTACH PERSONAL PAYMENT AND TREASURY DEPOSIT RECEIPT FOR DEPOSIT INTO THE PAYROLL CLEARANCE FUND.

REMARKS:

FOR CENTRAL PAYROLL USE ONLY

RECEIVED FORM D-71

VERIFIED PRA D-81

VERIFIED FORM D-85

PREPARED FORM C-53

PREPARED FORMS W-2C, W-3C

PREPARED FORM D-83

DATE

AUTHORIZED SIGNATURE

DATE

**COMPTROLLER  
STATE OF HAWAII**

OFFICIAL TITLE

STATE ACCOUNTING FORM 25-38  
JULY 1, 1988 (REVISED)

STATE COMPTROLLER (CENTRAL PAYROLL)